

MICRO-SCLEROTHERAPY

This illustrated chart describes the technique of micro-sclerotherapy for the treatment of Spider Veins and Telangiectasia. Sclerotherapy involves the injection of a small volume of a solution called a sclerosant e.g. Fibro-Vein into the vein. The sclerosant disrupts the endothelium (inner lining of the vein) and during the subsequent healing process the vein will be resorbed and will disappear.



1. Take the patient's history.
Enquire specifically about previous sclerotherapy and sensitivity to drugs and general allergic reaction.
Examine the patient for suitability. Discuss the possibility of side effects and the necessity to wear compression.



2. Choose a suitable sclerosant. Fibro-Vein has been licensed and used in the UK since 1967 and has been used safely for treating veins worldwide.
Fibro-Vein 0.2% is recommended for thread and spider veins. Fibro-Vein 0.5% should only be used on larger reticular veins.



3. Inject the veins using a very fine needle e.g. 30g.
It may help to bend the needle upwards or you may prefer a needle specially designed for micro-sclerotherapy (see above). It is important to avoid extravascular injection.



4. Inject slowly looking for blanching of the veins.
After injecting a larger reticular vein or a concentrated patch of spider veins immediate compression may be applied over the site using a compression pad or cotton wool ball.



5. The compression pad can be held in place using a scleroband or tape whilst treatment is continued on the rest of the leg or the other leg.
Immediate compression helps prevent refilling of the veins.



6. When the session is finished compression pads or cotton wool balls may be placed over some areas e.g. where a reticular vein was injected.
The pads can be held in place by a lightweight short stretch bandage.



7. The local compression can help to reduce side effects such as pigmentation and thrombophlebitis.
It is recommended that the patient wears the pad and bandage under a stocking for 3-4 days following treatment.



8. A stocking such as the medi UK 'mediven plus' should be applied over the bandage and pad or can be used on its own if no local compression has been applied.
A Class 2 (23-32 mmHg at the ankle) stocking is recommended to reduce side effects such as pigmentation¹.



9. A Class 1 stocking (18-21mmHg at the ankle) will suffice if the patient is unable to tolerate higher compression. Aids are available to assist in the donning and doffing of the stockings. Further information on slip socks and valets is available from medi UK (see below).



10. The patient should wear the stocking(s) continuously for 4 days and during the day for another 10 days.
It is very important to wear stockings because compression helps prevent side effects such as pigmentation¹.



11. Encourage the patient to walk briskly for 30 minutes after the treatment and for several times a day until the follow up session.
Walking helps to reduce pressure in the veins.



12. Shower proof over stockings are available to enable patients to take a shower whilst wearing compression stockings.